Fill in this information	on to identify your case:	
Debtor 1	John William Flach	
Debtor 2 (Spouse, if filing)	Jennifer Megan Flach	
United States Bank	ruptcy Court for the: EASTERN DISTRICT OF PENNSYLVANIA	
Case number (If known)	19-13239	Check if this is: An amended filing
Official For	m 106l	A supplement showing postpetition chapter 13 income as of the following date: MM / DD/ YYYY

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Par	t 1: Describe Employment				
1.	Fill in your employment information.		Debto	r 1	Debtor 2 or non-filing spouse
	If you have more than one job,	Employment status*	■ Em	ployed	■ Employed
	attach a separate page with information about additional	Employment status	☐ Not	employed	☐ Not employed
	employers.	Occupation	Retai	l Management	Therapist
	Include part-time, seasonal, or self-employed work.	Employer's name	Shop	Rite	St. Luke's
	Occupation may include student or homemaker, if it applies.	Employer's address		old Forty Foot Road old, PA 19440	801 Ostrum Street Bethlehem, PA 18015
		How long employed th	ere?	8 Years	1 Month
				*See Attachment for Add	ditional Employment Information

Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

For Debtor 2 or For Debtor 1 non-filing spouse List monthly gross wages, salary, and commissions (before all payroll 2,043.60 6,881.01 2. deductions). If not paid monthly, calculate what the monthly wage would be. Estimate and list monthly overtime pay. 3. 0.00 0.00 3. Calculate gross Income. Add line 2 + line 3. 2,043.60 6,881.01

Schedule I: Your Income Official Form 106I page 1

	tor 1 tor 2	John William Flach Jennifer Megan Flach	_	Ca	ase number (<i>if known</i>)	19-13	3239	
	Сор	y line 4 here	4.	F	For Debtor 1 2,043.60		Debtor 2 or filing spouse 6,881.01	
5.	l iet	all payroll deductions:						
0.	5a. 5b. 5c. 5d. 5e. 5f.	Tax, Medicare, and Social Security deductions Mandatory contributions for retirement plans Voluntary contributions for retirement plans Required repayments of retirement fund loans Insurance Domestic support obligations	5a. 5b. 5c. 5d. 5e. 5f.	\$ \$ \$ \$	0.00 183.91 0.00 0.00	\$	1,608.49 0.00 275.25 0.00 76.61 0.00	
	5g.	Union dues	5g.			\$	0.00	
0	5h.	Other deductions. Specify:	_ 5h.	.+ \$			0.00	
6.		the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	ф	574.87	\$ \$	1,960.35	
7. 8.		all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. Interest and dividends Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. Unemployment compensation Social Security Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8c. 8d. 8e.	. \$ \$	0.00 0.00 0.00 0.00	\$ \$ \$ \$ \$	0.00 0.00 0.00 0.00 0.00	
	8g.	Pension or retirement income	8g.			\$	0.00	
	8h.	Other monthly income. Specify: Boyertown Area School District Net Pay	8h.	+ \$	1,419.45	+ \$	0.00	1
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$_	1,419.45	\$	0.00	1
10.		culate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	\$	2,888.18 +	4,9	20.66	7,808.84
11.	Inclu othe	e all other regular contributions to the expenses that you list in Schedule ade contributions from an unmarried partner, members of your household, your r friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not cify:	depe			•	chedule J. 11. +\$	0.00
12.		the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certailes					12. \$	7,808.84
13.	Do y ■	vou expect an increase or decrease within the year after you file this form No. Yes. Explain:	?				Combine	

Debtor 1	John William Flach		
	Jennifer Megan Flach	Case number (if known)	19-13239

Official Form B 6I Attachment for Additional Employment Information

Debtor		
Occupation	Crossing Guard	
Name of Employer	Boyertown Area School District	
How long employed		
Address of Employer	911 Montgomery Ave	
	Boyertown, PA 19512	

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